**Application for Holiday Camp**

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| **Data Protection Statement**  The information that you provide will be used in a confidential manner to help monitor our recruitment process. If you succeed in your application and take up employment with us, this information will be used for administration purposes. By returning the application form, you are agreeing to the processing of sensitive personal data in accordance with our registration with the Data Protection Commissioner. |
| **INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED** |

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| **Personal Details** | | | | | | | | | | |
| Position applied for: | | | |  | | | | | | |
| Surname: | | |  | | | | | | Tel Home: |  |
| First Name(s): | | |  | | | | | | Tel Mobile: |  |
| Address: | | |  | | | | | | | |
| Postcode: | | |  | | | | | | Date of Birth: |  |
| National Insurance Number: | | | | | | | | | If you do not possess a NI number please enclose copies of any documents you have as evidence of your eligibility to work in the UK. | |
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| **Present or most recent employment** | | | |
| Highest Qualification: |  |  |  |
| School/College Name |  |  |  |
| Contact Person: |  |  |  |
| Contact No: | |  | |
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| **CRB/DBS Form** | |
| Do you have a current CRB/DBS Form? If yes, please provide the CRB/DBS number and the date it was issued: |  |

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| **First Aid Certificate** | |
| Do you have a First Aid Certificate? If yes, please provide the date it was issued: |  |

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| **Health** | |
| Do you have any medical conditions? If yes, please give details: |  |

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| **Disability** | |
| If you have a disability or long term medical condition that you would like us to know about, please give details: |  |

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| **Emergency Contact Detail** | | | |
| Surname: Forename(s) | | | |
| Relationship to employee:  Contract Address if different from above: |  | Post Code: |  |
| Home Telephone : | Personal Mobile: | | |

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| **References** | | | |
| Please provide details of two employment referees. Number 1 must be your existing/most recent employer. (School leavers should give their Headteacher). **References will only be sought following an offer of employment.** | | | |
| Name: |  | Name: |  |
| Job Title: |  | Job Title: |  |
| Organisation: |  | Organisation: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Telephone Number: |  | Telephone Number: |  |
| May we contact your referees prior to the interview? | |  | |

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| **Personal Statement** |
| Please use this section to explain in detail how you meet the requirements of the job description and person specification, referring to current/previous employment, voluntary work, community activities or through personal or family experience. Please also list any personal interests or hobbies, in particular relating to coaching. Please attach any additional sheets used: |

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| Please return completed form to: Email:  **careers@s2scourses.co.uk** |

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| **CRIMINAL CONVICTIONS**  Under the provisions of the Rehabilitation of Offenders Act 1974 you are required to give details of any convictions, which are not spent. Failure to do so may render you liable to summary dismissal. Do you have any convictions, which are not spent within the meaning of the Rehabilitation of Offenders Act 1974?  If Yes, Please give the details below: |

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| I certify that, to the best of my knowledge, the information provided in this application form is correct. I understand and acknowledge that any false claims made or withholding of any relevant information may result in the withdrawal of any offer of appointment or termination of employment.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |